

HEALTH DEPARTMENT-BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A 1690 Office of Registrar of 251221 Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1887

Full Name of Deceased, Levving Pitter

Sex, Male or ~~Female~~, Male

Age, 3 Years, 3 Months, 11 Days.

Color, Black

Married, Single, Widow or Widower, Single

Occupation, Blacksmith

Birth Place, Baltimore City

Duration of Residence in the City of Baltimore, 25 years

Place of Death, Moore's Alley # 558

Cause of Death, Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Public Burial

Date of Burial, July 25th 1887

Undertaker, Geo. E. Brown

Place of Business, Health Dept Address, Health Dept

L. S. Spanow M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1691 Office of Registration of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 22. 1887

Full Name of Deceased, James Bailey
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 45 Years, Months

Color, Colored

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, Dorchester Co. Md.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, 227th. Sun Lane, St.
{ Give Street and Number. }

Cause of Death, Cancer of Thigh
Ex Radiaation
One year
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Dorchester Co Md

Date of Burial, July 25. 1887

Undertaker, Wm. M. Menden

Place of Business, 46 East St Address, 1000 E. Baltimore

Medical Attendant

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

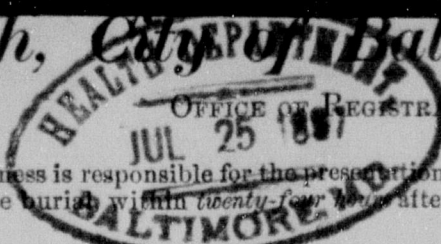
[OVER.]

4781 Trans

Board of Health, City of Baltimore, (92)

Permit No.

A 1692



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25. '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James H. Hobbitzel

Sex, Male or Female, { cross out the word not required in this line. } (Set at Friendly Inn Baltimore)

Age, 50 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 307 S. Sharp St

Cause of Death { First, (Primary.) Second, (Immediate.) } of Cerebral Hemorrhage from a disease of Cerebral Arteries. Sick about 24 hrs

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, July 25 1887

Undertaker, Geo. E. Brown

Place of Business, Health Office Address, 507 W. O'Connell St

H. B. Rye M. D.

Medical Attendant,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, Ch 1132. Printed 10/27/2022.

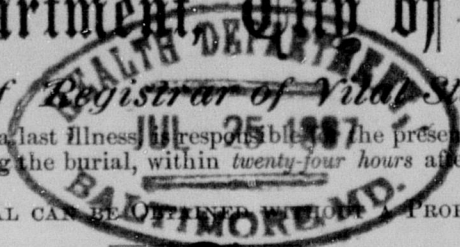
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1693 Office of Registrar of Vital Statistics. Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death, July 25, 1887

Full Name of Deceased, Emma George {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 Years, 11 Months, 14 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ballerina

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1823 Lenox St

Cause of Death, {First (Primary), Second (Immediate),} Cholera Infantis
Inflammation of brain
2 weeks

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, July 27/87

{ Undertaker, J. B. Cook } James Booley M. D. Medical Attendant.

{ Place of Business, 1003 W. Baltimore } 1701 Hollis St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1694 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gottfried Funderhant

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } (Vonderheist)

Age, 3 Years, 6 Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1115 S. Paca, St.

Cause of Death, { First (Primary), Second (Immediate), } Measles.
Congestion of Lungs.

Duration of Last Sickness, 1 wk.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 26

{ Undertaker, Edw. Stempel H. W. Weber M. D.

{ Place of Business, 634 W. Pratt Address, 814 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A 1695 Office of Registrar of Vital Statistics.

Ward 16^a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1887

Full Name of Deceased, Wm S Martin
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 4 Years, 4 Months, 29 Days.
Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, ✓

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, All his life

Place of Death, S E Cor Barron & Harman
{ Give Street and Number. }

Cause of Death, Cholera Infantum
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 26th 1887

Undertaker, John S. Bach Theodore Cotte M. D.
Medical Attendant.

Place of Business, Cor Paca & Camden Address, 578 Harman

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1696 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Kaylor

Sex, Male or Female, { Cross out the word not required in this line. } _____

Age, 80 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 80 yrs

Place of Death, { Give Street and Number. } # 1414 Presthama St

Cause of Death, { First (Primary), Second (Immediate), } Dysentery

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, July 26/87

{ Undertaker, Lenny Mitchell H. G. Prentiss, M. D. Medical Attendant. }

{ Place of Business, 200 W Fayette St Address, _____ }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to fill in blanks on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1697 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 12.15 A.M. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie Mohn

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 53 Years, 6 Months, 28 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Kuithessen Germany ✓

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. } 813 Scott St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Morbus.
Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 26th 1887

Undertaker, Dieterich Wiegand H. W. Weber M. D.

Place of Business, 1006 Druid Hill Ave Address, 814 N. Lombard St. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No. A 1698

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not }
 { required in this line. }

Age, 33 Years, Months, Days.

Color, color

Married, Single, Widow or Widower, { Cross out the word not }
required in this line.

Occupation, Domestic

Birthplace, { State or Country and how
long in the United States,
if of foreign birth. }

Duration of Residence in the City of Baltimore, 44 1/2 years

Place of Death, { Give street and number. 2179, E. Mc. Clary St.

Cause of Death, { First, (Primary.) *Stomach*
Second, (Immediate.) *Exhaustion*

Duration of Last Sickness,..... Six Months

All the above information should be furnished by the Physician.

Place of Burial, Saint Patrick's Cemetery

Date of Burial, July 26 1887 Geo H. Washburn M.D.
Medical Attendant

(Undertaker, *Charles A Buller*

Place of Business, *N 3010 c/ Garland St* Address, *1717 E. 10th Ave*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 1699 Office of Registrar of Vital Statistics. Ward 12^{1/2}

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1887

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Sydney G. Baldwin

Sex, ~~Male~~ or Female, Cross out the word not required in this line.

Age, 63 Years, 3 Months, 28 Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, _____

Birth Place, State or country, and how long in the United States, if of foreign birth. Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, Give Street and Number. 1608 Park Ave

Cause of Death, First (Primary), Chronic Softening of Brain
Second (Immediate), Apoplectic Coma

Duration of Last Sickness, I do not know: she was first seen by me 10 days before her death, & had then been ill for some months

Place of Burial, Green Mount

Date of Burial, 27th July 1887

Undertaker, H W Jenkins & Sons

Place of Business, Park & Saratoga Sts Address, 215 W. Lombard St

A. C. Chert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]